



APPLICATION FOR MEMBERSHIP OF

FRONDITHA CARE

I,
(full name of applicant)

of

..... Postcode..... Phone(s): (.....).....

..... (occupation) desire to become a

Member of

FRONDITHA CARE

In the event of my admission as a Member, I agree to be bound by the Constitution of the Company for the time being in force.

Signature of Applicant: Date:

I,.....(name)
a Member of the Company, nominate the applicant, who is personally known to me, for membership of the Company.

Signature of Proposer:Date:

I,.....(name)
a Member of the Company, second the nomination of the applicant, who is personally known to me, for membership of the Company.

Signature of Seconder:Date:

FOR OFFICE USE ONLY:

Amount Paid: \$.....
Receipt No.:
Date:
Motion No.:

Entrance Fee: \$11 one off payment.
Annual Fee: \$22 The Member is able to pay up to five (5) years in advance the annual fee.

*ALL FEES ARE INCLUSIVE OF GST. **CHEQUES NEED TO BE MADE PAYABLE TO "FRONDITHA CARE"**.
* POSTAL ADDRESS: FronDitha Care C/o Secretary, 94 SPRINGS ROAD, CLAYTON SOUTH, VIC 3169